

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32569

State File No. _____

FILED OCT 15 1952

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|--|------------------------------|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>290</u> | | PRIMARY REG. DIST. NO. <u>5985</u> | | Registrar's No. <u>119</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ft Leonard Wood, Mo</u> | | c. LENGTH OF STAY (in this place) ----- | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chicago</u> | | <u>8130</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>4458 S. Oakenwald Ave</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Suzue</u> | | a. (First) | | b. (Middle) | | c. (Last) <u>Nagatani</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 5 1952</u> | | | | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Mong</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>15 June 1930</u> | | 9. AGE (In years last birthday) <u>22</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | | 11. BIRTHPLACE (State or foreign country) <u>California</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Shigeo Kawanaka</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Frank T. Nagatani</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. ----- | | 17. INFORMANT'S SIGNATURE OR NAME <u>B.J. BAJORIN, Major, MSC Ft Leonard Wood, Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u> ANTECEDENT CAUSES DUE TO (b) <u>Post-partum hemorrhage</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pericardial hemorrhage</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>1 1/2 hours</u> <u>Less than 5 minutes.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>6726</u> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>None</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>2 Oct</u> , 19 <u>52</u> , to <u>5 Oct</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5 Oct</u> , 19 <u>52</u> , and that death occurred at <u>1:00 A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Malvern T. Bryan</u> (Degree or title) <u>MALVERN T. BRYAN</u> | | | | 23b. ADDRESS <u>US Army Hospital</u> <u>Major, MC Ft Leonard Wood, Missouri</u> | | 23c. DATE SIGNED. <u>6 Oct 52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>10/8/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Chicago, Illinois</u> | | 24d. LOCATION (City, town, or county) (State) <u>Chicago, Illinois</u> | |
| DATE REC'D BY LOCAL REG. <u>10-7-52</u> | | REGISTRAR'S SIGNATURE <u>Emilia M. Anderson</u> | | FEDERAL DIRECTOR'S SIGNATURE <u>General Wm. Crocker, Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1850

OCT 24 1952

RECEIVED
Pulaski County Health Officer

File Number

Date Filed 10-18-52

MAR 26 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Walter O. Nedges

Signed
Student Embalmer

Licensed Embalmer No. *4265*

P. O. Address *Hena, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.